



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

FILED (CFA-1)
FEB 10 2015

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Fanning	First Name Colleen	Middle Name R	Nickname —	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6134 Carrollton Avenue			5. FAX (Optional) ()	6. E-mail Address (Optional) fanning4council@gmail.com	
7. City Indianapolis	State IN	ZIP Code 46220	8. County Marion	9. Telephone (Day) (317) 523 7554	10. Telephone (Evening) (317) 523 7554
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Friends of Colleen Fanning					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 6134 Carrollton Avenue			15. FAX (Optional) ()	16. E-mail Address (Optional) fanning4council@gmail.com	
17. City Indianapolis	State IN	ZIP Code 46220	18. County Marion	19. Telephone (317) 523 7554	20. Committee Organization Date (MM-DD-YY) 02/
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Steven F. Walker					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 301 Pennsylvania Parkway			23. FAX (Optional) ()	24. E-mail Address (Optional) swalker@walkerinfo.com	
25. City Indianapolis	State IN	ZIP Code 46280	26. County Marion	27. Telephone (Day) (317) 843 3939	28. Telephone (Evening) (317) 507 3852
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Old National Bank					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Jeffrey L. Bowman			Signature of the Committee Chairperson Steven F. Walker		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Jeffrey L. Bowman, M.D.					
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 6134 Carrollton Avenue			35. FAX (Optional) ()	36. E-mail Address (Optional) cognetic@mac.com	
37. City Indianapolis	State IN	ZIP Code 46220	38. County Marion	39. Telephone (Day) (317) 373 0279	40. Telephone (Evening) (317) 373 0279

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment J Bowman
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Steven F. Walker	Signature of Chairperson Steven F. Walker	Date (MM-DD-YY) 02-06-2015
43. Typed or Printed Name of Candidate Colleen Fanning	Signature of Candidate Colleen Fanning	Date (MM-DD-YY) 02-06-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

FEB 10 2015

Mylea A. Eldridge